

AMENDED IN ASSEMBLY JUNE 1, 2009

CALIFORNIA LEGISLATURE—2009—10 REGULAR SESSION

**ASSEMBLY BILL**

**No. 911**

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**Introduced by Assembly Member Lieu**  
*(Coauthors: Assembly Members Eng and Price)*

February 26, 2009

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An act to add Section 1257.10 to the Health and Safety Code, relating to health facilities.

LEGISLATIVE COUNSEL'S DIGEST

AB 911, as amended, Lieu. Emergency rooms: overcrowding.

Existing law establishes various programs for the prevention of disease and the promotion of health to be administered by the State Department of Public Health, including, but not limited to, the licensure and regulation of health facilities. Violation of these provisions is a crime.

This bill would require every licensed general acute care hospital to calculate and record a NEDOCS score, as defined, every ~~3~~ 4 hours, *except as specified*, to assess the crowding condition of its emergency department. The bill would require, by January 1, 2011, every licensed general acute care hospital to develop and implement a full-capacity protocol for each of the categories of the overcrowding scale.

This bill would require every licensed general acute care hospital to file its full-capacity ~~protocols~~ *protocol* with the Office of Statewide Health Planning and Development, and to annually report revisions to ~~the its~~ protocol.

By changing the definition of an existing crime, this bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.

State-mandated local program: yes.

*The people of the State of California do enact as follows:*

- 1     ~~SECTION 1. The Legislature hereby finds and declares all of~~
- 2     ~~the following:~~
- 3     ~~(a) California is last in the nation in the number of emergency~~
- 4     ~~departments available to its residents with 6.16 emergency~~
- 5     ~~departments per 1,000,000 people. Since 1990, this ratio has~~
- 6     ~~steadily declined leading to severe emergency department~~
- 7     ~~overcrowding.~~
- 8     ~~(b) Studies show that the most significant cause of emergency~~
- 9     ~~department overcrowding is the boarding of admitted patients in~~
- 10    ~~the emergency department, not the care of nonurgent patients in~~
- 11    ~~the emergency department.~~
- 12    ~~(c) Boarding is the practice of keeping patients who require~~
- 13    ~~hospitalization in the emergency department until a hospital bed~~
- 14    ~~becomes available.~~
- 15    ~~(d) As the emergency department becomes saturated with~~
- 16    ~~patients who no longer require emergency care, the emergency~~
- 17    ~~department's ability to care for all patients, especially those waiting~~
- 18    ~~for evaluation and treatment, is seriously impacted.~~
- 19    ~~(e) Studies show that patients who were boarded in the~~
- 20    ~~emergency department have a higher overall length of stay and~~
- 21    ~~cost of hospitalization.~~
- 22    ~~(f) Studies show that patients who are evaluated and treated in~~
- 23    ~~overcrowded emergency departments had higher morbidity and~~
- 24    ~~mortality.~~
- 25    ~~(g) Studies show that critically ill patients boarded in the~~
- 26    ~~emergency department for more than six hours before transfer to~~
- 27    ~~an intensive care unit had an increased hospital length of stay and~~
- 28    ~~higher morbidity and mortality.~~

1 ~~(h) Overcrowded emergency departments have increased~~  
2 ~~ambulance diversion, which strains emergency medical services~~  
3 ~~and increases risk to the public health and safety.~~

4 ~~(i) Overcrowded emergency departments have a much reduced~~  
5 ~~capacity to manage a mass casualty incident or disaster.~~

6 ~~SEC. 2.~~

7 *SECTION 1.* Section 1257.10 is added to the Health and Safety  
8 Code, to read:

9 1257.10. (a) For purposes of this section, a “NEDOCS score”  
10 means the score calculated using the equation derived from the  
11 National Emergency Department Overcrowding Study and is as  
12 follows: 85.8 (total number of patients within the emergency  
13 department/total number of beds in the emergency department) +  
14 600 (total number of admissions waiting in the emergency  
15 department/total number of inpatient hospital beds) + 13.4 (total  
16 number of patients on respirators in the emergency department) +  
17 .93 (the longest admit time, in hours) + 5.64 (the wait time for the  
18 last patient called from triage, in hours) - 20.

19 (b) For purposes of this section the “overcrowding scale” means  
20 the range of NEDOCS scores that are divided into the following  
21 categories:

22 (1) Not busy, which includes NEDOCS scores of 20 and below.

23 (2) Busy, which includes NEDOCS scores of 21 to 60, inclusive.

24 (3) Extremely busy, which includes NEDOCS scores of 61 to  
25 100, inclusive.

26 (4) Overcrowded, which includes NEDOCS scores of 101 to  
27 140, inclusive.

28 (5) Severely overcrowded, which includes NEDOCS scores of  
29 141 to 180, inclusive.

30 (6) Dangerously overcrowded, which includes NEDOCS scores  
31 over 180.

32 (c) Every licensed general acute care hospital shall calculate,  
33 and record, a NEDOCS score every ~~three~~ four hours to assess the  
34 crowding condition of its emergency department.

35 (d) (1) *If, after calculating and recording a NEDOCS score*  
36 *pursuant to subdivision (c), a licensed general acute care hospital*  
37 *does not record a NEDOCS score over 60 for the previous 30 days,*  
38 *it may calculate and record a NEDOCS score every eight hours*  
39 *rather than every four hours.*

(2) If a licensed general acute care hospital calculating and recording a NEDOCS score every eight hours pursuant to this subdivision scores over 60, it shall again calculate and record a NEDOCS score every four hours pursuant to subdivision (c).

~~(d)~~

(e) Every licensed general acute care hospital shall, by January 1, 2011, develop and implement, in consultation with its emergency department staff, a full-capacity protocol for each of the categories of the overcrowding scale that addresses all of the following:

(1) Notification of hospital administrators, nursing staff, medical staff, and ancillary services of category changes on the overcrowding scale.

(2) Bed utilization.

(3) Diversion.

(4) Elective admissions.

(5) Transfers.

(6) Triage.

(7) Responsibilities of inpatient medical staff and specialty service operations for rounds, discharges, coordination with the emergency department, and emergency consults for emergency department patients.

(8) Hospital unit operations.

(9) Nursing services.

(10) Supplies.

(11) Calling in additional medical, nursing, and ancillary staff.

(12) Space utilization, including, but not limited to, alternate care sites.

~~(e)~~

(f) Every licensed general acute care hospital shall file its full-capacity ~~protocols~~ *protocol* with the Office of Statewide Health Planning and Development and shall annually report any revisions of those ~~protocols~~ *to its protocol*.

~~SEC. 3.~~

SEC. 2. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within

1 the meaning of Section 6 of Article XIII B of the California  
2 Constitution.

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